

UNITED STATES DISTRICT  
DISTRICT OF MASSACHUSETTS

2004 SEP 21 PM 4:11 CIVIL ACTION NO. 04-11852 NMG

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KENNETH PASQUARIELLO,  
Plaintiff

VS

NATIONAL RAILROAD  
PASSENGER CORPORATION  
and MASSACHUSETTS BAY  
TRANSPORTATION AUTHORITY,  
Defendants  
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DEFENDANT AMTRAK'S  
FIRST SET OF INTERROGATORIES  
TO PLAINTIFF,  
KENNETH PASQUARIELLO  
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The Defendant, National Railroad Passenger Corporation, d/b/a Amtrak, by its attorney, submits the following interrogatories to be answered under oath by Plaintiff in accordance with Rule 33 of the Federal Rules of Civil Procedure.

1. Please state your full name, age, home address, occupation, social security number, marital status, educational background and initial date of employment with Amtrak.
2. Please state the exact date, time and location where the alleged accident occurred, number of the passenger coach involved and the location on the coach where the accident(s) as alleged in your Complaint occurred.
3. Please describe in full and complete detail the manner in which the accident(s) as alleged in your Complaint occurred, setting forth in chronological order all relevant facts and all events which occurred prior to, at the time of and subsequent to the alleged accident.
4. Please state the full name and title of your immediate supervisor at the time of the accident(s) as alleged in your Complaint.

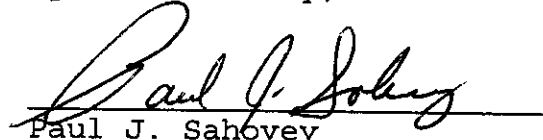
5. If you claim your injuries were caused by a dangerous or defective condition at any commuter rail station, commuter rail facility, a particular coach, or the general condition of the premises where you were working, please describe with particularity the alleged dangerous condition(s) or defect(s) which caused the alleged accident, giving an exact description with dimensions and other physical characteristics of the dangerous or defective condition, or of any materials on the premises which caused or contributed to cause the alleged accident.
  - a. Please set forth the number, or other identifying character of any materials, tools or appliances, the present location of same and the name and address of the owner of same, to the best of your knowledge.
  - b. Set forth all of your observations of the condition of the location of the alleged accident immediately before said accident, during and immediately after.
  - c. If the Plaintiff claims the alleged accident resulted from the presence of any equipment, tools or materials not generally in the said area, please state your reasons for using said equipment, tools or materials on the date of the alleged accident and the work you were performing immediately prior to the alleged accident.
6. Please state in full and complete detail each and every fact upon which you rely in alleging that the Defendant, its agents, servants and/or employees, were negligent and failed to provide a safe place in which to work.
7. Please state the names, addresses and relationship to you of any persons having knowledge of the facts alleged in your Complaint, detailing the specific facts of which said persons have knowledge.
8. Please describe in full and complete detail all of the injuries you claim to have suffered as a result of the alleged accident in the Complaint and for which you seek to recover damages in this action. Please state the specific dates of disability and specific amounts of lost wages, if any.

9. If, as a result of the injuries you received in the accident as alleged in your Complaint, you were treated at a hospital or clinic, please state:
  - a. The name and address of each such hospital or clinic (indicating in-patient and out-patient treatment);
  - b. The dates between which you were confined to each such hospital or clinic; and
  - c. The dates of any and all out-patient treatments at each such hospital or clinic.
10. If, as a result of the injuries you received in the accident as alleged in your Complaint, you consulted a doctor, please state:
  - a. The name and address of each such doctor;
  - b. The dates of treatment by each such doctor;
  - c. A full description of the treatment rendered by each such doctor on each date of treatment;
  - d. The place of each treatment by each such doctor; and
  - e. Also state if you are still treating with said doctor(s).
11. If, in addition to the treatment referred to in the preceding interrogatory, you have received other medical or nursing attention as the result of the injuries you received in the accident as alleged in your Complaint, please give full details.
12. If you were confined to bed as the result of the accident as alleged in your Complaint, please state as nearly as you can the dates between which you were so confined.
13. If you were confined to the house as a result of the accident as alleged in your Complaint, please state as nearly as possible the dates between which you were so confined.
14. Please itemize all expenses you have incurred, or which have been incurred on your behalf, to date as a result of the injuries you received in the accident as alleged in your Complaint.
15. If you have recovered from the injuries you sustained as a result of the accident as alleged in your Complaint, please state the approximate date when you were fully recovered.

16. If you have not recovered from the injuries you sustained as a result of the accident as alleged in your Complaint, please state your present condition in detail, designating the parts of your body presently affected and the respect in which affected.
17. State the specific dates you did not work and which you consider was due to the injuries which you allege to have sustained as a result of the accident as alleged in your Complaint.
18. Please describe fully any accident, illness, diseases or operations which have occurred to you, indicating the approximate dates of same:
  - a. During the three years before your accident as alleged in your Complaint;
  - b. During the period three to five years before your accident as alleged in the Complaint; and
  - c. During the period of five to ten years before your accident as alleged in your Complaint.
19. If, subsequent to the date of your alleged accident, your physical condition was affected by illness, operations, injuries or accidents other than the injuries for which you claim damages in this action, please state full details, including the date, location, parties and circumstances surrounding said occurrence, if any, the injuries sustained and the names and addresses of the doctor(s) treating you for said injuries.
20. State the identity of and present location, if known, of all persons having knowledge of relevant facts concerning the matters and issues in this case. If not known, the last known address or location of said person(s). Please include in your answer any employees of the defendant.
21. Please state all persons or firms by whom you have been employed during the past ten years, indicating the approximate dates of employment with each.
22. Please state the nature of your duties in each period of employment listed in your answer to the preceding interrogatory.

23. If you have ever been self-employed, please describe each period of self-employment by indicating the approximate dates, the nature of the work, and your approximate monthly earnings during each such employment.
24. If you know of any witnesses to the accident as alleged in your Complaint, please set forth the full name and address of each such witness and to the extent possible, what they know, observed and/or did in relation to the accident as alleged in your Complaint.
25. Identify each person whom Plaintiff intends to call as a witness at trial.
26. Identify each document upon which Plaintiff intends to rely at trial.
27. Identify each person whom Plaintiff intends to call as an expert witness and for each expert witness:
  - a. State the substance of the opinion to which the witness is expected to testify; and
  - b. Provide a summary for the grounds for each such opinion.

NATIONAL RAILROAD  
PASSENGER CORPORATION,  
By its Attorney,



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Dated: September 13, 2004